

ORS Personal Care Home
STEPS FOR SUCCESSFUL APPLICATION

1. Become familiar with the Rules and Regulations for Personal Care Homes, Chapter 290-5-35.
2. Review the Licensing Application Package.
3. Become familiar with local and state ordinances, where applicable. Examples may include fire, zoning, building and health regulations. **IF THE HOME IS SERVED BY WELL WATER OR A SEPTIC TANK YOU MUST CONTACT THE COUNTY HEALTH DEPARTMENT TO CONDUCT A WATER TEST OR SEPTIC TANK APPROVAL**
4. Select a site and plan the facility.
5. Review the directions for completing the application form.
6. Conduct self-study for compliance with the rules by reviewing DHR Rules and Regulations, Chapter 290-5-35.
7. Submit the completed application package (described below in I. A through L). Submit a map and detailed directions to the facility with the application package.
8. When you receive your permit, post it in a prominent place in the facility.
9. Begin operation.
10. Follow the steps below for completing an initial application for a new personal care home.

I. INITIAL APPLICATION FOR A NEW FACILITY/HOME:

A. The Application Form

What ORS checks:

1. Verify the telephone is listed
2. Legal documentation of ownership
 - a) If a corporation – include Certificate of Incorporation and Articles of Incorporation for all corporations having an interest in the home
 - b) If a Partnership – include Partnership Agreement
 - c) If a Limited Liability Company (LLC) – include Certificate of Organization and Articles of Organization for all LLCs having an interest in the home

- d) If a Non-Profit – include documentation of Non-Profit status [501(c)3]
- 3. A list of who owns 10% or more interest in the home
- 4. Use the back of the application to provide ORS with a map and directions to your facility

B. Fire Safety Inspection

What ORS checks:

- 1. Inspection verifying compliance with NFPA 101, Life Safety Code
- 2. No violations on the report
- 3. Capacity load indicated by the inspector
- 4. Report is signed and dated
- 5. The State governs personal care homes with 7 or more residents, if you have questions regarding the appropriate fire authority contact the State Fire Marshall's office at (404) 656-7281
- 1. For facilities with 2-3 residents, contact ORS for an Inspection Report Form if the local fire inspector does not have a fire inspection form

C. Electrical Inspection (See Attachment #I for Inspection Form)

What ORS checks:

- 1. The inspection is signed and dated 6 months or less from the application date
- 2. A statement that the home meets code and is free of electrical hazards
- 3. The report is free of violations
- 4. The State license number of the electrician (ORS verifies with the State)

D. Floor Plan (See Attachment #II for Example)

What ORS checks:

- 1. Complete floor sketch showing
 - a. Windows, doors and bedroom measurements
 - b. Bed placement for residents, family and staff
 - c. Label bathrooms as full bath or half bath
- 2. ORS reviews
 - a. 80 square feet per resident per bedroom
 - b. Number of toilets and bathing facilities
- 3. Blue prints are allowed if:
 - a. It provides all required information as noted above and is legible

- E. Staff Survey Form (See Attachment #III for Form)**
What ORS checks:
- 1. The on-site manager is indicated (each home must have a separate on-site manager)**
 - a. Social Security Number and Date of Birth**
 - b. A satisfactory fingerprint check and criminal record check**
 - c. Form should be signed by the manager**
- F. Criminal Records (Forms and Fingerprint Cards Enclosed)**
What ORS checks:
- 1. A set (two fingerprint cards) for each administrator and/or on-site manager**
 - 2. A \$24.00 money order (only) for each set of fingerprint cards made payable to G.B.I.**
 - 3. A completed and notarized criminal records check application for each administrator and/or on-site manager**
 - 4. A \$3.00 check or money order for each criminal records check application made payable to DHR**
 - 5. All other staffs' criminal records checks should be done through the local police department using the DHR criminal records check application**
 - 6. If you have had a criminal records check in the past for child care you must repeat it for a personal care home**
 - 7. If you have had a criminal records check at another personal care home that is more than one year old; you must repeat the criminal records check process**
- G. Certificate of Need**
Required for homes with more than 24 beds
- 1. Contact George Newby with the Department of Community Health Planning (404)656-0655.**
- H. Food Service Permit**
Required for homes with more than 24 beds
- 1. If meals are prepared in site you will need a food service permit (contact your County Health Department)**
 - 2. If meals are going to be prepared at another location you must submit a copy of their food service permit and their approval to cater meals. Also, submit detailed information to ORS regarding how the food**

will be transported and how the proper temperatures will be maintained

- I. Well Water and Septic Tank Inspection/Approval (Attachment #IV)
 - 1. Submit written approval of the water source if from other than a city or county water system
 - 2. Submit written approval from the County Health Department for the sewage disposal system, including the number of persons the system is approved to serve, if other than a city or county sewage system
- J. Develop and submit a copy of the required policies and procedures with your application. (Copy will not be returned). (POLICIES AND PROCEDURES MUST BE DEVELOPED PRIOR TO GRANTING A PERMIT)
 - 1. Refer to pages 10-11 of the Personal Care Home Rules Indicator Manual for policies and procedures required (Attachment # V)
 - 2. Submit a copy of the written disaster preparedness plan which must be approved by the Department (Will not be returned)
- K. Submit a copy of the Admission Agreement to be used by the facility.
- L. ORS Inspection
 - 1. This inspection will be scheduled after A through J (as applicable) have been submitted to ORS
NOTE: Please ensure that items A-J are complete prior to requesting the initial inspection. Any follow-up visit required may delay the issuing of the permit

II. APPLICATION FOR CHANGE IN GOVERNING BODY

- A. The Application Form
 - 1. Indicate the name of the previous governing body/owner
 - 2. Indicate the name of the new governing body/owner
- B. Copy of the Bill of Sale or Lease Agreement
- C. Legal documentation of ownership
 - a) If a corporation – include Certificate and Articles of Incorporation for all corporations having an interest in the home
 - b) If a legal partnership – include Partnership Agreement
 - c) If a Limited Liability Company (LLC) – include Certificate of Organization for all LLCs having an interest in the home.

D. Staff Survey Form (if there has been an on-site manager or administrator changes)

E. Criminal Records (Forms and Fingerprint Cards Enclosed)

What ORS checks:

- 1. A set (two fingerprint cards) for each administrator and on-site manager**
- 2. A \$24.00 money order (only) for each set of fingerprint cards made payable to G.B.I.**
- 3. A completed and notarized criminal records check application for each administrator and on-site manager**
- 4. A \$3.00 check or money order for each criminal records check application made payable to DHR**
- 5. All other staffs' criminal records checks should be done through the local police department using the DHR criminal records check application**
- 6. If you have had a criminal records check in the past for child care you must repeat it for a personal care home**
- 7. If you have had a criminal records check at another personal care home that is more than one year old; you must repeat the criminal records check process**

F. Certificate of Need (for homes with 25 or more beds, within 45 days of the date of the application the facility must inform the Division of Health Planning of the new governing body/owner)

G. Food Service Permit (the facility must contact the County Public Health Department and request a Food Service Permit in the new governing body/owner)

III. APPLICATION FOR CHANGE IN NAME OF GOVERNING BODY

A. The Application Form

- 1. Indicate the previous name of the governing body**
- 2. Indicate the new name of the governing body**
- 3. Submit legal documentation of ownership**
- 4. Submit a list of who owns 10% or more:**

IV. APPLICATION FOR A CHANGE IN THE NAME OF THE FACILITY

A. The Application Form

- 1. Indicate the new name**
- 2. Indicate the old name**

V. APPLICATION FOR CHANGE IN ADDRESS OF FACILITY (NOT LOCATION)

- A. The Application Form**
 - 1. Include the new address**
 - 2. Include the old address**
 - 3. Submit documentation regarding why the address has changed**
 - 4. ORS will verify with the Post Office that the home has not changed location**

VI. APPLICATION FOR A CHANGE IN LOCATION OF THE FACILITY

- A. Treat as an application for a new home (I. A through L)**

VII. APPLICATION FOR AN INCREASE IN CAPACITY

- A. Complete the Application Form like you would for a new facility**
 - 1. Include the new capacity**
 - 2. Include the old capacity**
- B. Fire Safety Inspection:**
 - 2. Indicating compliance with NFPA 101, Life Safety Code**
 - 3. No violations on the report**
 - 4. Capacity load indicated by the inspector**
 - 5. Report is signed and dated**
 - 6. The if you have any questions regarding the appropriate fire authority contact the State Fire Marshall's office at (404-657-7281)**
 - 7. For facilities with 2-3 residents, contact ORS for an Inspection Report Form if the local fire inspector does not have a fire inspection form**
- C. Electrical Inspection (See Attachment #1 for Inspection Form)**
 - 1. Necessary only if facility has had structural changes since receiving initial permit. (If necessary follow instructions as for an initial application (I C.)**
- D. Floor Plan (See Attachment #II for Example)**
 - 1. Submit an updated floor plan showing where the additional residents will reside. Follow instructions as for an initial application (I D.)**
- E. Staff Survey Form (See Attachment #III for Form)**
 - 1. Follow directions as for an initial application (I E.)**

- F. Certificate of Need**
 - 1. Required for homes with more than 24 beds. Contact Doris Berry at the Department of Community Health (404) 656-0462**
- G. Septic Tank Inspection/Approval (See Attachment #IV)**
 - 1. Follow directions as for an initial Application (I I.)**
- H. ORS Inspection**
 - 1. This inspection will be scheduled after A-I are complete (as applicable) and have been submitted to ORS**